File Layout
for Electronic Notification of Insurance Cancellation, Termination or Lapses
In Accordance with 29-A MRSA §1601-A

This interface specification outlines the batch to process the insurance notification file. The file format will be ASCII fixed length text. BMV will receive from all insurance companies these notification files on a daily basis. These files contain transactions to notify BMV that an insurance policy expired or cancelled for a driver, registrant and/or registration. The file will be used also as a communication vehicle between the insurance companies and the BMV. Insurance company will use the file to transmit SR22, SR24 and SR26 transactions as well as regular policy cancellations and verification of insurance coverage denied. Moreover, insurance companies will use this file to transmit JB Filling for, K Filing, R1348 filing and IR3544B Filing. The system will process these records based on the type of the transmission code and the coverage type will result in the creation of a suspension record, adding a filing record or changing a filing record. The process will be run nightly.

1. Interface Summary

1.1.   Interface Definition

Category	Description
Interface Type	Batch
Interface Direction	Inbound (i.e. BMV receive information from insurance companies)
Triggering Events	Scheduled job
Frequency	Daily
Desired Response Time	None
Security	Encryption and Decryption using PGP
Volume Estimates	Unknown new interface
Special Requirements	This process run prior to the nightly batch Process Driver/Registrant Suspension

1.2.   Interface Input

Interface format rules:
1) All character field types will be submitted as upper case.
2) Any fields which are normally formatted with hyphens (-), dashes (/), etc. will be sent without those values. For example SSN is normally seen as 000-00-0000 for electronic transmission purposes send it as 000000000.
3) Numeric fields will be right justified (padded with zeroes on the left).
4) The name set of fields will hold the name of the registered owner as required by State of Maine Statute. If multiple registered owners exist on a given policy than a separate record for each registered owner will be sent.
5) File name configuration will be as follows:

Interface Number: 9060i
Date: YYYYMMDD (date file was sent)
NAIC code: 123456
Site code: A123456 (default 00000001 if no site)

For example, the Insurance Cancellation inbound file name that was extracted on 12/05/02 for insurance company with NAIC code of 122112 and office A1122112 will be 9060i20021205122112A1122112.txt

6) The transmitted error file will include all erroneous records for a specific insurance company/site for a specific transmission date.
The error file name will follow same naming rules as file received, except different interpretation of the date.

Interface Number: 9060i
Date: YYYYMMDD (date in the transmission date field)
NAIC code: 123456
Site code: A123456 (default 00000001 if no site)

For example, the error file name with all record that have a transmission date in the transmission date filed of 12/05/02 for insurance company with NAIC code of 122112 and office A1122112 will be 9060i20021205122112A1122112.txt

7) Business Rules

- Transmission Codes of 03 (SR22 Filing), 04 (SR24 Filing), or 05 (SR26 Cancellation) require an additional code for Coverage Type (01 = Affects all vehicle registrations, 02 = Affects Driver/Operator Only, 03 = Affects Named Vehicle, or 04 = Affects Restricted Operation)

- A transmission code of 03, 04 or 05 without an accompanying coverage type code will generate an error message.

- Any transaction code other than 03, 04, 05 is not valid to be combined with any other coverage type.

8) Transmission Site Identifier is assigned by each company for their own use. The site identifier will allow companies to transmit from multiple locations and ensure the ability to pickup each sites individual messages from the server.

9) The State of Maine, Bureau of Motor Vehicles, requires that no more than one (1) transmission file may be submitted for a given date per NAIC/Transmission Site.

The following is a table for transmission. For ease of your review the table has been split to show the applicable fields for insurance policy cancellations and special filing transmissions (SR22, SR24, SR26, etc.) and verification of insurance coverage denied. All of the information needs to be shipped in one file for each record transmitted.

Please Note
Transmission Code 02 is the transmission code for the insurance cancellation under 29-A MRSA 1601-A. Transmission Code 17 is the transmission code to be used when responding to an BMV inquiry verifying a denial of effective coverage for a specific date. (Verification of insurance coverage after an auto accident.)

FIELD SIZE	FIELD TYPE	VALUES	FIELD LABEL	FIELD NOTES	KEY
5	NUMBER	NOT NULL	NAIC		UKEY
8	ALPHA/ NUMERIC	NOT NULL	TRANSMISSION SITE	Company transmission site identifier	UKEY
8	DATE	NOT NULL	TRANSMISSION DATE	Format = YYYYMMDD	UKEY
2	NUMBER	NOT NULL	RESCIND CODE	00 = NON RESCIND RECORD 01 = INSURANCE RESCIND	UKEY
2	NUMBER	NOT NULL	TRANSMISSION CODE	02 = INSURANCE CANCELLATION	UKEY
				03 = SR22 FILING	
				04 = SR24 FILING	
				05 = SR26 CANCELLATION	
				06 = JB FILING	
				07 = FORM E FILING	
				08 = X21A FILING	
				09 = FORM K CANCELLATION	
				10 = R1348 FILING	
				11 = IR3544B CANCELLATION	
				12 = BMC91 FILING	
				13 = BMC91X FILING	
				14 = FORM BMC35 CANCELLATION	
				15 = BMC91MX FILING	
				16 = FORM BMC36 CANCELLATION	
				17 = INSURANCE COVERAGE DENIED	
2	NUMBER	NOT NULL	ERROR TRANSMISSION CODE	00 = NO ERROR	UKEY
				97 = NO SYSTEM MATCH FOUND	
				98 = TRANSMISSION FAILED	
				99 = TRANSMISSION ABORT	
6	NUMBER	NOT NULL	SEQ	Sequential number for a record within a daily transmission. The initial record in each individual transmission file will start with a sequential number (SEQ=000001).	UKEY
8	DATE	NULL	RESCIND DATE	Format = YYYYMMDD Not valid to be transmitted with any other transmission code except 01 (insurance rescind).	

45	VARCHAR2	NOT NULL	INSURANCE CO. NAME		
20	VARCHAR2	NOT NULL	POLICY NUMBER		
8	DATE	NOT NULL	POLICY EFFECTIVE DATE	Format = YYYYMMDD	
8	DATE	NOT NULL	POLICY CANCELLATION DATE	Format = YYYYMMDD	
45	VARCHAR2	NULL	ORGANIZATION NAME		
45	VARCHAR2	NULL	ORGANIZATION DBA		
9	NUMBER	NULL	ORGANIZATION FED ID NBR	Valid format = numbers only no hyphens	
30	VARCHAR2	NULL	LAST NAME		
20	VARCHAR2	NULL	FIRST NAME	Not null if LAST NAME is sent.	
20	VARCHAR2	NULL	MIDDLE NAME		
3	VARCHAR2	NULL	SUFFIX		
8	DATE	NULL	DATE OF BIRTH	Not null if LAST NAME is sent.	
9	NUMBER	NULL	SSN	Valid format = numbers only no hyphens	
1	VARCHAR2	NULL	GENDER	Valid Values are: M=Male, F=Female	
20	NUMBER	NULL	LICENSE NBR		
2	VARCHAR2	NULL	LICENSE STATE	Valid Value = 2 character Postal Code i.e. ME.	
30	VARCHAR2	NOT NULL	MAIL ADDRESS LINE1		
30	VARCHAR2	NULL	MAIL ADDRESS LINE2		
30	VARCHAR2	NULL	MAIL ADDRESS LINE3		
30	VARCHAR2	NOT NULL	MAIL ADDRESS TOWN		
30	VARCHAR2	NULL	MAIL ADDRESS MAINE COUNTY		
3	VARCHAR2	NULL	MAIL ADDRESS GEO CODE		
2	VARCHAR2	NOT NULL	MAIL ADDRESS STATE		
9	VARCHAR2	NOT NULL	MAIL ADDRESS ZIP		
2	VARCHAR2	NOT NULL	MAIL ADDRESS COUNTRY		
30	VARCHAR2	NULL	MAIL ADDRESS FOREIGN STATE	Not null if MAIL ADDRESS FOREIGN ZIP is sent	
2	VARCHAR2	NULL	MAIL ADDRESS CANADIAN PROVINCE		
6	VARCHAR2	NULL	MAIL ADDRESS FOREIGN ZIP	Not null if MAIL ADDRESS FOREIGN STATE is sent	
17	VARCHAR2	NOT NULL	VIN		
10	VARCHAR2	NULL	VEHICLE REG NUMBER		
2	VARCHAR2	NULL	VEHICLE REG STATE	Valid Value = ME	
4	NUMBER	NOT NULL	VEHICLE YEAR	Format = YYYY	
6	VARCHAR2	NOT NULL	VEHICLE MAKE	Formatted using valid NCIC codes.	
6	VARCHAR2	NOT NULL	VEHICLE MODEL	Formatted using valid NCIC codes.	
45	VARCHAR2	NULL	LESSOR COMPANY NAME		
45	VARCHAR2	NULL	LESSOR COMPANY DBA		
9	NUMBER	NULL	LESSOR FED ID NBR	Valid format = numbers only no hyphens	
30	VARCHAR2	NULL	LESSOR LAST NAME		

20	VARCHAR2	NULL	LESSOR FIRST NAME	Not null if LESSOR LAST NAME is sent	
20	VARCHAR2	NULL	LESSOR MIDDLE NAME		
3	VARCHAR2	NULL	LESSOR SUFFIX		
8	DATE	NULL	LESSOR DATE OF BIRTH	Format = YYYYMMDD	
9	NUMBER	NULL	LESSOR SSN	Valid format = numbers only no hyphens	
1	VARCHAR2	NULL	LESSOR GENDER	Valid Values are: M=Male, F=Female	
45	VARCHAR2	NULL	LESSEE COMPANY NAME		
45	VARCHAR2	NULL	LESSEE COMPANY DBA		
9	NUMBER	NULL	LESSEE FED ID NBR	Valid format = numbers only no hyphens	
30	VARCHAR2	NULL	LESSEE LAST NAME		
20	VARCHAR2	NULL	LESSEE FIRST NAME	Not null if LESSEE LAST NAME is sent	
20	VARCHAR2	NULL	LESSEE MIDDLE NAME		
3	VARCHAR2	NULL	LESSEE SUFFIX		
8	DATE	NULL	LESSEE DATE OF BIRTH	Format = YYYYMMDD	
9	NUMBER	NULL	LESSEE SSN	Valid format = numbers only no hyphens	
1	VARCHAR2	NULL	LESSEE GENDER	Valid Values are: M=Male, F=Female	
9	VARCHAR2	NULL	USDOT NUMBER		
1000	VARCHAR2	NULL	INSURANCE FREEFORMAT TEXT	For use by Insurance personnel only	
1000	VARCHAR2	NULL	BMV FREEFORMAT TEXT	For use by BMV personnel only	

The following fields are for processing special filings only. They will always be transmitted with the fields above and are separated for visual ease only.

FIELD SIZE	FIELD TYPE	VALUES	FIELD LABEL	FIELD NOTES	KEY
8	VARCHAR2	NULL	CASE NUMBER		
2	NUMBER	NULL	COVERAGE TYPE	01 = Affects all vehicle registrations	
				02 = Affects Driver Operator Only	
				03 = Affects Named Vehicle	
				04 = Affects Restricted Operation	
				Not null if other SR22 fields are sent.	
45	VARCHAR2	NULL	FILING ORGANIZATION NAME		
45	VARCHAR2	NULL	FILING ORGANIZATION DBA		
9	NUMBER	NULL	FILING ORGANIZATION FEDERAL ID NBR	Valid format = numbers only no hyphens	
30	VARCHAR2	NULL	FILING LAST NAME		
20	VARCHAR2	NULL	FILING FIRST NAME	Not null if FILING LAST NAME is sent.	
20	VARCHAR2	NULL	FILING MIDDLE NAME		
3	VARCHAR2	NULL	FILING SUFFIX		
8	DATE	NULL	FILING DATE OF BIRTH	Not null if FILING LAST NAME is sent Format = YYYYMMDD.	
9	NUMBER	NULL	FILING SSN	Valid format = numbers only no hyphens	

1	VARCHAR2	NULL	FILING GENDER	Valid Values are: M=Male, F=Female	
30	VARCHAR2	NULL	VEHICLE RESTRICTION LAST NAME *	Not null if coverage is 04.	
20	VARCHAR2	NULL	VEHICLE RESTRICTION FIRST NAME *	Not null if coverage is 04.	
20	VARCHAR2	NULL	VEHICLE RESTRICTION MIDDLE NAME *	Not null if coverage is 04.	
8	VARCHAR2	NULL	VEHICLE RESTRICTION SUFFIX *	Not null if coverage is 04.	
8	DATE	NULL	VEHICLE RESTRICTION DOB *	Not null if coverage is 04.	

* Refers to the name and date of birth of the owner of vehicles that the operator/driver is restricted to operating.

The following fields are for processing denial of insurance verification only. These fields will be used for transmittal of denial of insurance coverage after an accident, in response to an electronic inquiry made by the Bureau of Motor Vehicles. All appropriate information will be sent to the operator/owners insurance company. Any response with a denial of coverage for the date of the accident will include all fields sent by BMV (with no changes by the insurer) and a code for the denial (transmission code 17) input by the insurer. They will be transmitted with some of the fields laid out above and are separated for visual ease only.

FIELD SIZE	FIELD TYPE	VALUES	FIELD LABEL	FIELD NOTES	KEY
22	NUMBER	NOT NULL	BMV TRANSACTION NUMBER	BMV System Transaction Number for the Accident	
30	VARCHAR2	NOT NULL	DRIVER LAST NAME		
20	VARCHAR2	NOT NULL	DRIVER FIRST NAME	Not null if LAST NAME is sent.	
20	VARCHAR2	NULL	DRIVER MIDDLE NAME		
3	VARCHAR2	NULL	DRIVER SUFFIX		
8	DATE	NOT NULL	DRIVER DATE OF BIRTH	Not null if LAST NAME is sent.	
22	NUMERIC	NOT NULL	BMV DRIVER ID		
30	VARCHAR2	NULL	OWNER LAST NAME	Not null if Driver is not owner PS 107 BR 269	
20	VARCHAR2	NULL	OWNER FIRST NAME	Not null if LAST NAME is sent.	
20	VARCHAR2	NULL	VEHICLE OWNER MIDDLE NAME		
3	VARCHAR2	NULL	OWNER DRIVER SUFFIX		
22	VARCHAR2	NOT NULL	BMV OWNER ID		
45	VARCHAR2	NULL	OWNER ORGANIZATION NAME		

45	VARCHAR2	NULL	OWNER ORGANIZATION DBA		
9	NUMBER	NULL	OWNER ORGANIZATION FED ID NBR	Valid format = numbers only no hyphens	
8	DATE	NULL	OWNER DATE OF BIRTH	Not null if LAST NAME is sent. Format = YYYYMMDD	
8	DATE	NOT NULL	DATE OF ACCIDENT	Format = YYYYMMDD	
50	VARCHAR2	NULL	STREET LOCATION OF ACCIDENT		
50	VARCHAR2	NOT NULL	CITY LOCATION OF ACCIDENT		
2	VARCHAR2	NOT NULL	STATE LOCATION OF ACCIDENT	Valid Rule = ME	